

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	5/10
FORMALITY REVIEW	R	55886	05-22-01
RESPONSE FORMALITY REVIEW	Request	925	08-16-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/16/01
2	7/16/01
3	7/16/01
4	7/16/01
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49	7/16/01
50	7/16/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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7/16/01